

# FEE TRANSMITTAL FOR FY 2006

Effective 01/01/2003 Patent fees are subject to annual revision.

Complete if Known

Application Number **10/620,217**  
 Filing Date **July 15, 2003**  
 First Named Inventor **Friedrich Ziegler**  
 Group Art Unit **3662**

Examiner Name **Isam A. Alsomiri**

Attorney Docket Number **RDID03012US**

☐ Applicant claims small entity status. See 37 CFR 1.27

Total Amount of Payment **(\$ 1,020.00)**

## METHOD OF PAYMENT

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit  
Account  
Number

02-2958

Deposit  
Account  
Name

Roche Diagnostics Operations,  
Inc.

The Commissioner is authorized to: (check all that apply)

- ☒ Charge fee(s) indicated below ☒ Credit any overpayments  
☒ Charge any additional fee(s) during the pendency of this application,  
 excluding the payment of issue fees  
☐ Charge fee(s) indicated below, except for the filing fee to the above-  
 identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	300	2001	150	Utility Filing Fee	
1002	200	2002	100	Design Filing Fee	
1003	200	2003	100	Plant Filing Fee	
1004	300	2004	150	Reissue Filing Fee	
1081	250	2081	125	Utility Fee > 100pg	
1005	200	2005	100	Provisional Filing Fee	
SUBTOTAL (1)					<b>(\$ 0)</b>

## 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee From Below	Fee Paid
	-20** =	X <b>50</b> =	
Independent Claims	-3** =	X <b>200</b> =	
Multiple Dependent		<b>360</b> =	

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description
1202	50	2202		Claims in excess of 20
1201	200	2201		Independent claims in excess of 3
1203	360	2203		Multiple dependent claim, if not paid
1204	200	2204		**Reissue independent claims over original patent
1205	50	2205		**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) **(\$ 0)**

\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner's Action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner's Action	
1251	120	2251	60	Extension for reply within first month	
1252	450	2252	225	Extension for reply within second month	
1253	1020	2253	510	Extension for reply within third month	1,020
1254	1,590	2254	765	Extension for reply within fourth month	
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1000	2403	500	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,500	2453	750	Petition to revive - unintentional	
1501	1,400	2501	700	Utility issue fee (or reissue)	
1502	800	2502	400	Design issue fee	
1503	1100	2503	550	Plant issue fee	
1460		1460		Petitions to the Commissioner	
1807	50	1807	50	Petitions related to provisional applications	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	790	2809	395	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR 1.129(b))	
1801	790	2801	395	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other Fee (specify)

\* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) **(\$ 1,020.00)**

## SUBMITTED BY

Name (Print/Type)

Marilyn L. Amick

Signature

*Marilyn Amick*

Registration No.  
(Attorney/Agent)

30,444

Telephone

317-521-7561

Date

January 20, 2006



**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)**  
**FY 2005**

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)).

Docket Number (Optional)

RDID03012US

Application Number 10/620,217

Filed July 15, 2003

For REFLECTION-PHOTOMETRIC ANALYTICAL SYSTEM

Art Unit 3662

Examiner Isam A. Alsormiri

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input type="checkbox"/> One month [37 CFR 1.17(a)(1)]	\$120	\$60	\$ _____
<input type="checkbox"/> Two months [37 CFR 1.17(a)(2)]	\$450	\$225	\$ _____
<input checked="" type="checkbox"/> Three months [37 CFR 1.17(a)(3)]	\$1020	\$510	\$ <u>1020</u>
<input type="checkbox"/> Four months [37 CFR 1.17(a)(4)]	\$1590	\$795	\$ _____
<input type="checkbox"/> Five months [37 CFR 1.17(a)(5)]	\$2160	\$1080	\$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☒ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☐ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 23-3030. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ Applicant/inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.171.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ Attorney or agent of record. Registration Number: 30,444

☐ Attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a): \_\_\_\_\_

Marilyn Amick  
Signature

January 20, 2006  
Date

Marilyn L. Amick  
Typed or Printed Name

317-521-7561  
Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☒ \*Total of \_\_\_\_\_ forms are submitted.

The PTO did not receive the following listed item(s) The credit card form.

10620217

022958

00000019

HDESTA1

01/23/2006

1020.00 DA

01 FC:1253